## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
MANE OF PROVIDER OR SUPPLER  PARKVIEW HAVEN  STREET ADDRESS, CITY, STATE 2IP CODE 10 CONSTITUTION OR FRANCESVILLE, IN 47946  SUMMARY STATEMENT OF DETICIENCES  REGULATORY OR 1.5.0 DETITIONAL AIR ORDINATION)  (K 000)  INITIAL COMMENTS  A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 02/07/12 was conducted by the Indiana State Department of Health in accordance with 42 CFR 485.70(a).  Survey Date: 04/02/12  Facility Number: 000539 Provider Number: 155746 AIM Number: 10057280  Surveyor: Bridget Brown, Life Safety Code Specialist  At this PSR survey, Parkview Haven was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.  This facility was located on one wing of a one story building determined to be of Type III (211) construction and fully spiriklered. The facility has a fire alarm system with smoke detection in the comidors, resident crows and spaces open to the corridors. The facility has the capacity for 41 and had a consus of 41 at the time of this survey.  Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/04/12.				A. BUILDING 01 , 02		9 01,02	R	
PARKVIEW HAVEN    SUMMARY STATEMENT OF DEFICIENCIES   ID   PRETIX   TAGO   CRACK OF THE APPROPRIATE   ID   PRETIX   TAGO   TA	155746			B. WING			04/02/2012	
PREFIX ING  (EACH DEPICIENCY MUST BE PRECEDED BY FULL TREDUCTIVE ATOMS NOTION AND THE PREFIX ING.  (EACH DEPICIENCY)  (K 000)  INITIAL COMMENTS  A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 02/07/12 was conducted by the Indiana State Department of Health in accordance with 42 CPR 483.70(a).  Survey Date: 04/02/12  Facility Number: 000539 Provider Number: 1055746 AIM Number: 000257280  Surveyor: Bridget Brown, Life Safety Code Specialist  At this PSR survey, Parkview Haven was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.  This facility was located on one wing of a one story building determined to be of Type III (211) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors. The facility has a fire alarm system with smoke detection in the corridors. The facility has a fire alarm system with smoke detection in the corridors. The facility has the capacity for 41 and had a census of 41 at the time of this survey.  Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/04/12.					10	01 CONSTITUTION DR		
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Code Specialist-Medical Surveyor on 04/04/12.		Code Recertification a conducted on 02/07/1 Indiana State Departr accordance with 42 C Survey Date: 04/02/1 Facility Number: 000 Provider Number: 15 AIM Number: 100267 Surveyor: Bridget Bro Specialist  At this PSR survey, P compliance with Requiver Medicare/Medicaid, 4 Life Safety from Fire a National Fire Protectic Life Safety Code (LSC Health Care Occupant This facility was locat story building determic construction and fully a fire alarm system w corridors, resident roccorridors. The facility	and State Licensure Survey 2 was conducted by the ment of Health in CFR 483.70(a).  12  539 5746 7280  bwn, Life Safety Code  Parkview Haven was found in uirements for Participation in 2 CFR Subpart 483.70(a), and the 2000 edition of the on Association (NFPA) 101, C), Chapter 19, Existing ncies and 410 IAC 16.2.  ed on one wing of a one ined to be of Type III (211) sprinklered. The facility has ith smoke detection in the ons and spaces open to the has the capacity for 41 and					
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE		Code Specialist-Medi	cal Surveyor on 04/04/12.					

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Facility ID: 000539